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Impact of engineered nanoparticles in initiating or modulating pathology-related Inflammation

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Role of macrophages in driving and regulating inflammation

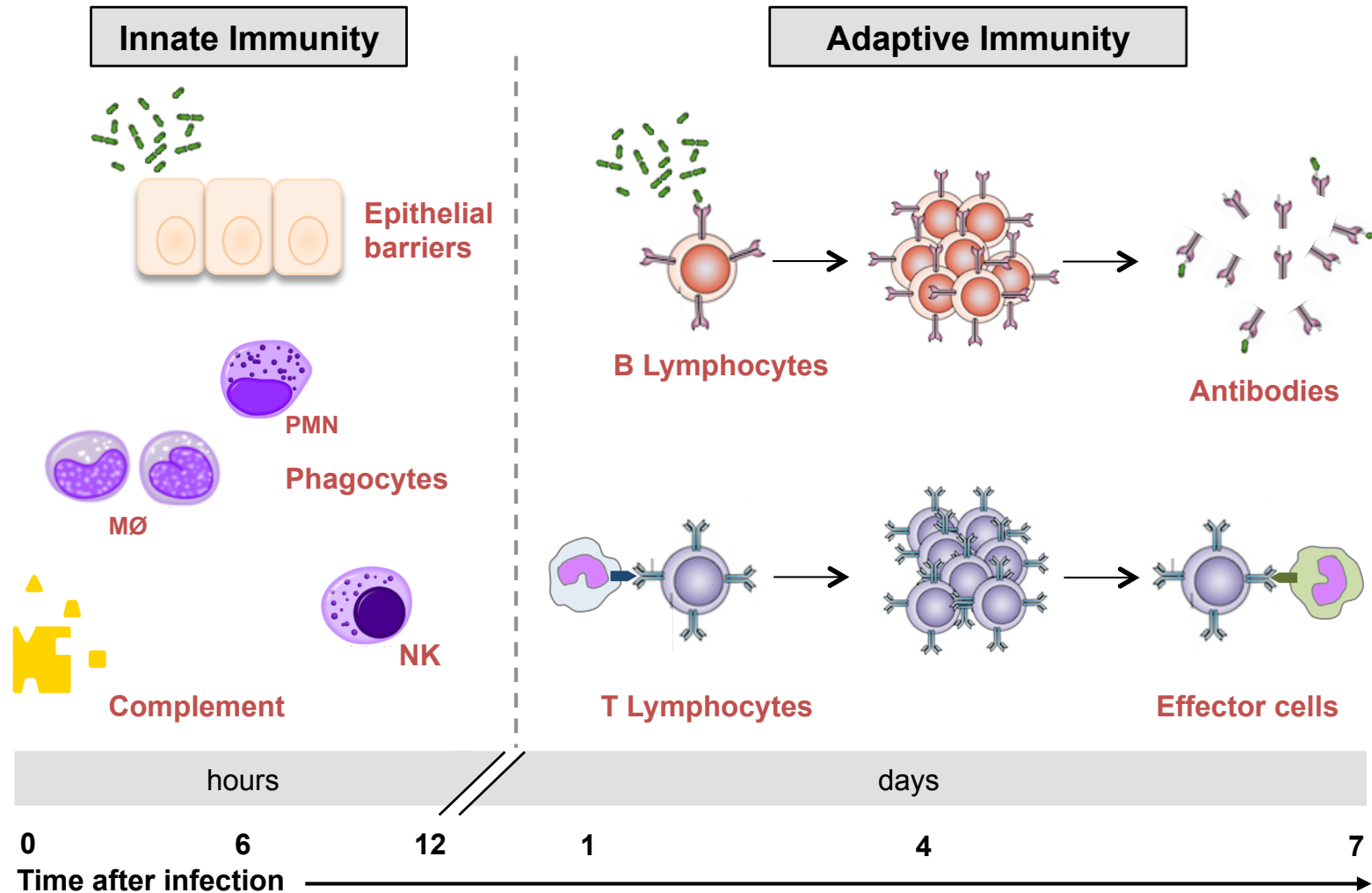
*Safety and exploitation of the interaction with
nanomaterials*



Diana Boraschi

Hernstein, July 5, 2016

Immune System



Nanoparticle interaction with immune system

Where do they go when inoculated *in vivo*?

- large part goes undetected and is rapidly excreted
- uptake by inflamed tissues is facilitated by vascular leakage
- targeting molecules may direct them to selected tissues
- **significant amount is taken up by leukocytes**

Nanomedicines and the immune system

● Nanodrug, delivery and imaging systems

Must persist in the blood and diffuse into tissues long enough for effect

- How to deal with the immune surveillance, in particular by blood/tissue phagocytes
- How to limit unwanted immune stimulation (*e.g.*, complement activation)

● Adjuvants and immunomodulators

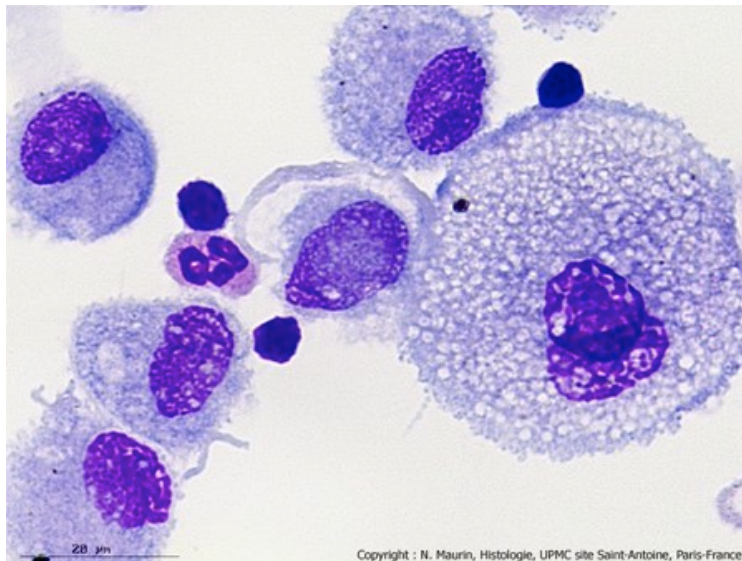
Must deliver molecules/signals to immune cells

- How to specifically target the objective
- How to reduce unwanted effects on immune functions

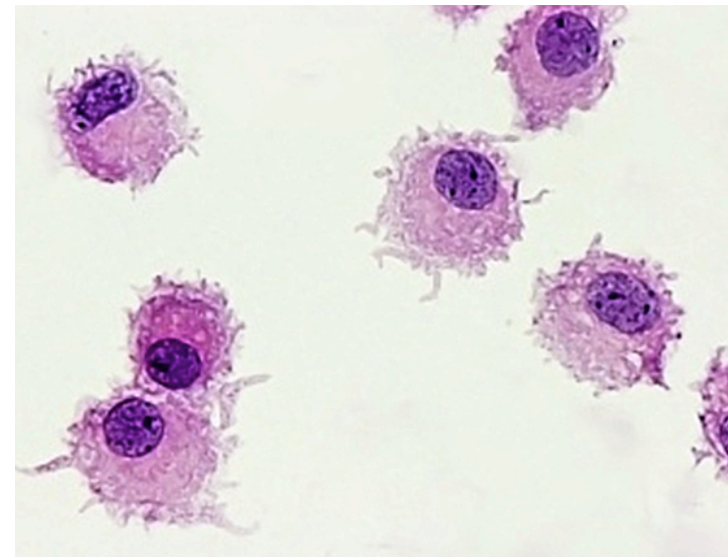
How a nanovaccine can achieve protective immunity

- NPs can favour antigen uptake by phagocytes (the antigen-presenting cells)

Macrophages

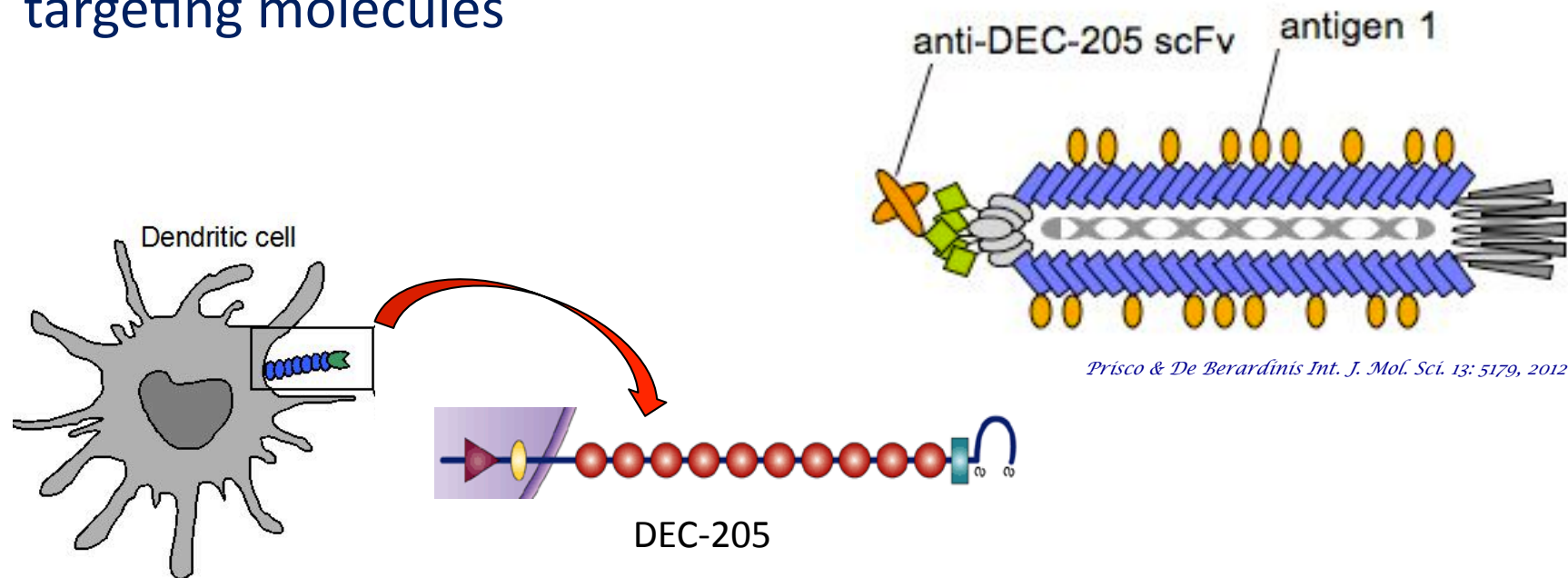


Dendritic cells



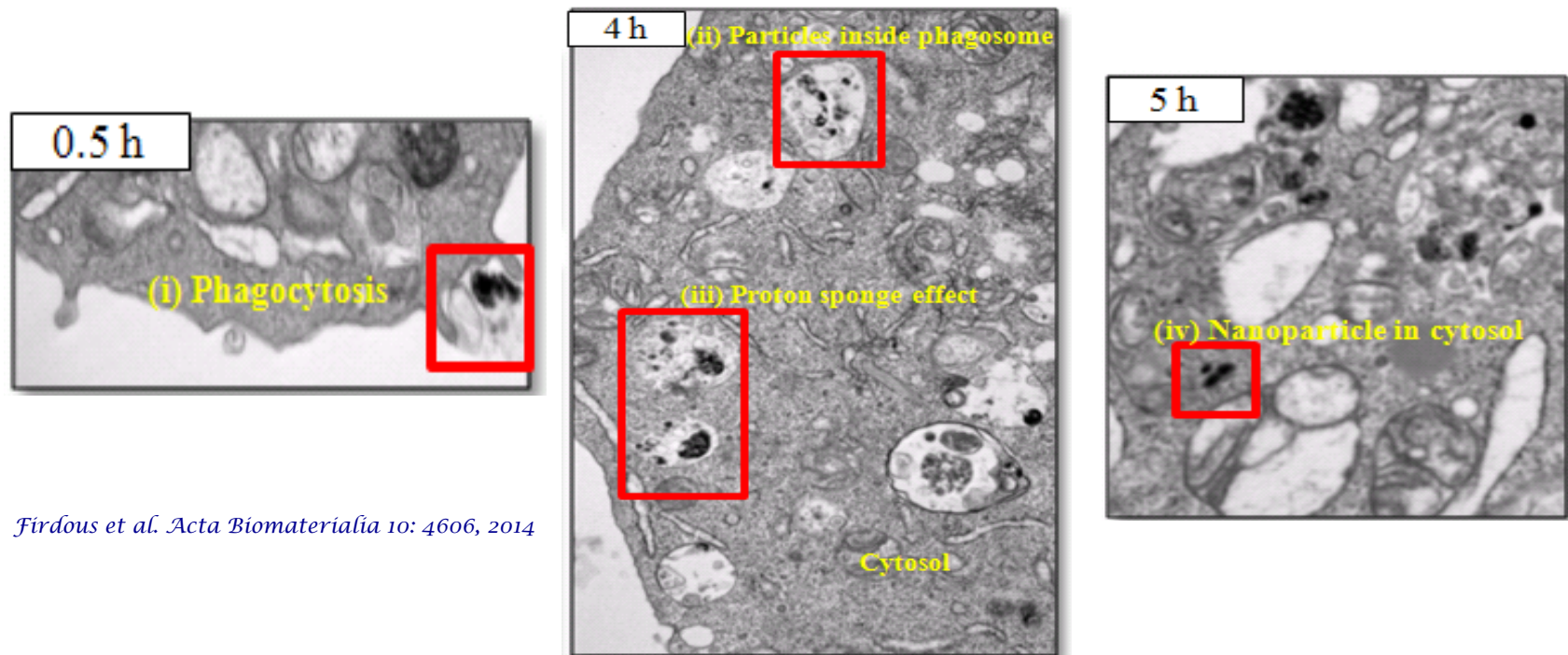
How a nanovaccine can achieve protective immunity

- NPs can be engineered to carry the antigenic cargo and targeting molecules



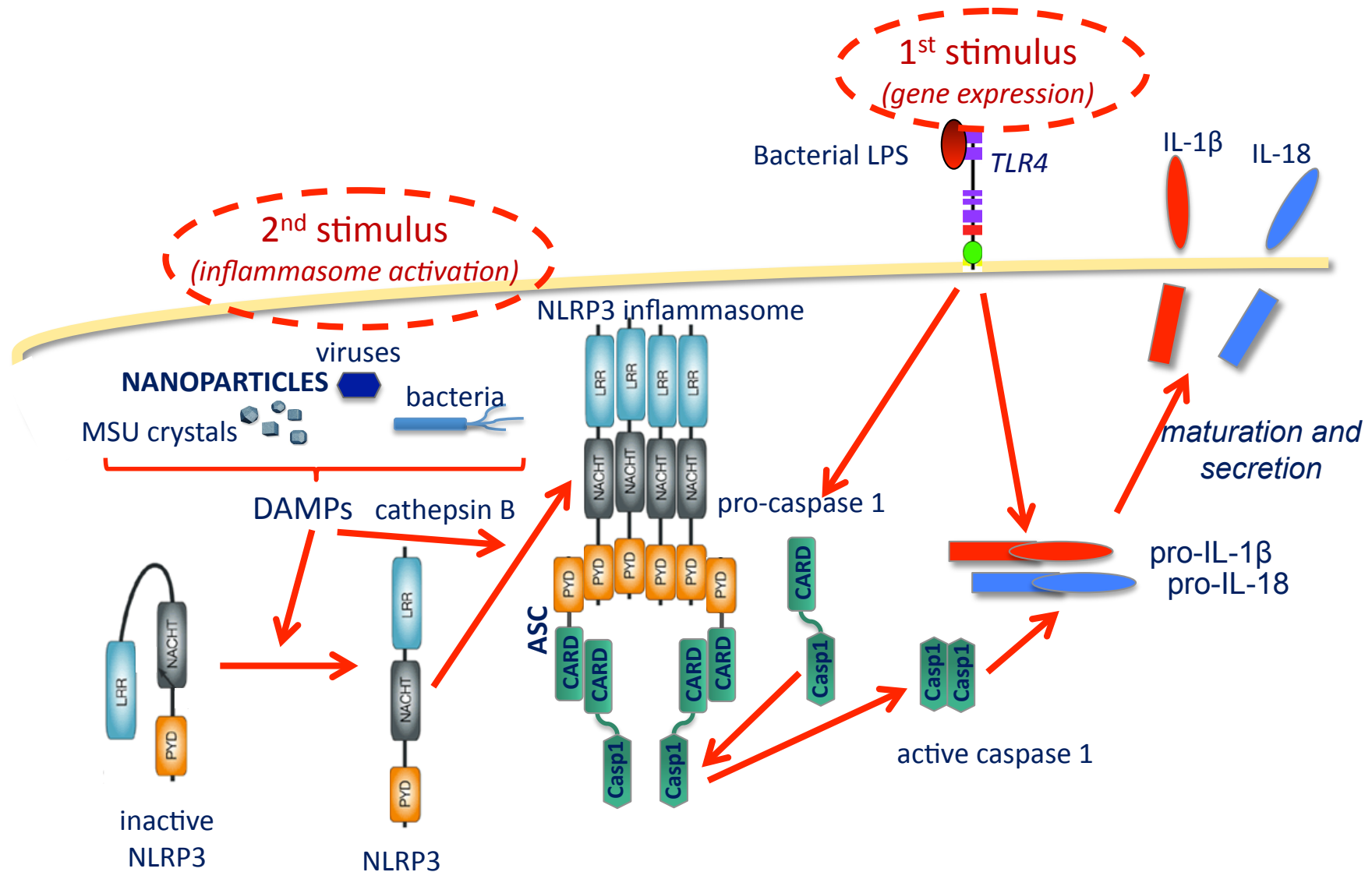
How a nanovaccine can achieve protective immunity

- NPs can be engineered to achieve cross-presentation, leading to induction of both cytotoxic T cells and antibody production



Firdous et al. Acta Biomaterialia 10: 4606, 2014

NPs can act as adjuvants by activating the NLRP3 inflammasome



Assessing the immunosafety of nanoparticles

- Need of reliable and valid models
 - Ability to induce pathological inflammation
 - Ability to interfere with physiological inflammation

Mononuclear phagocytes

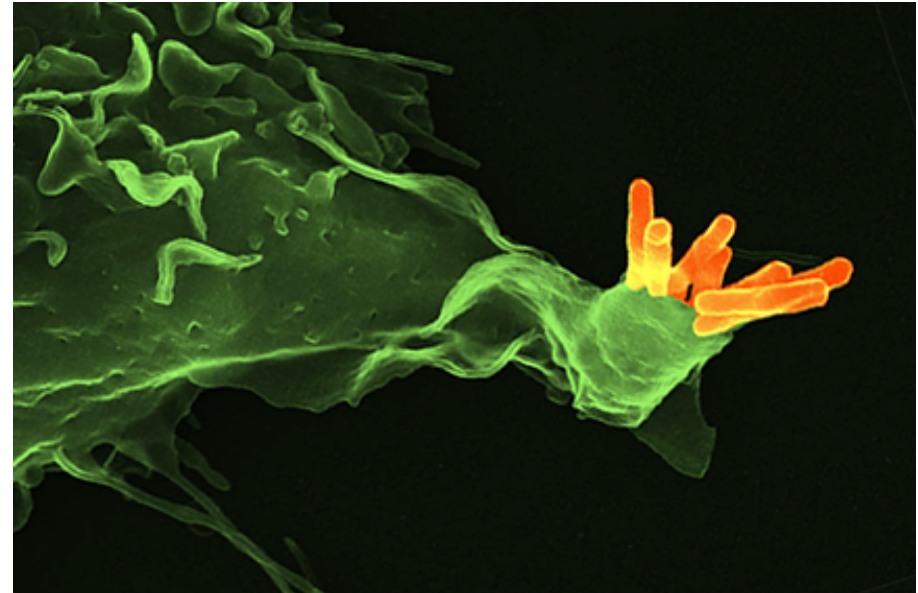
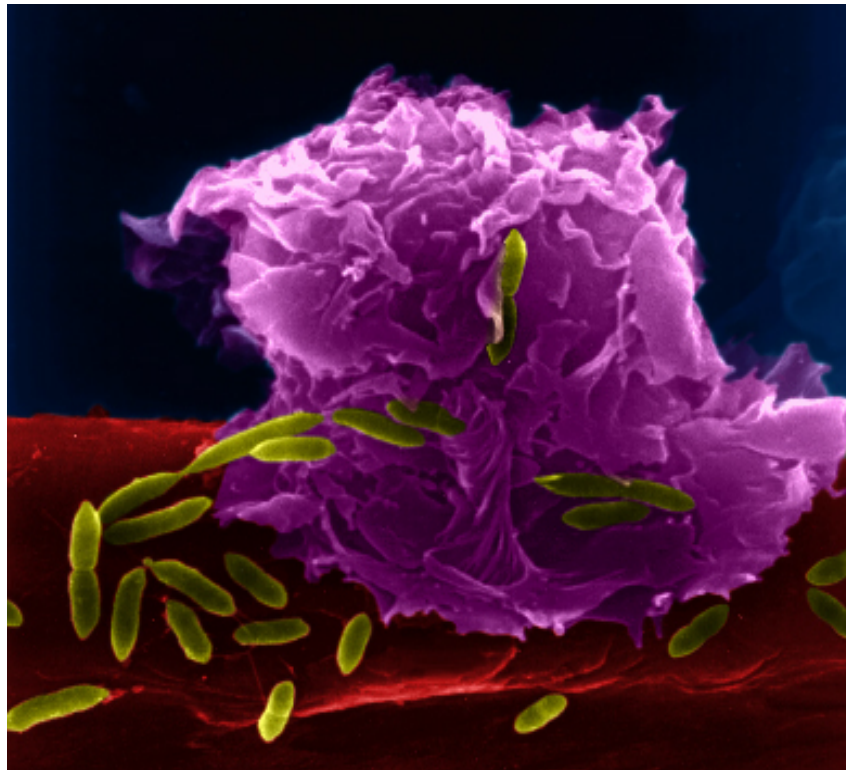
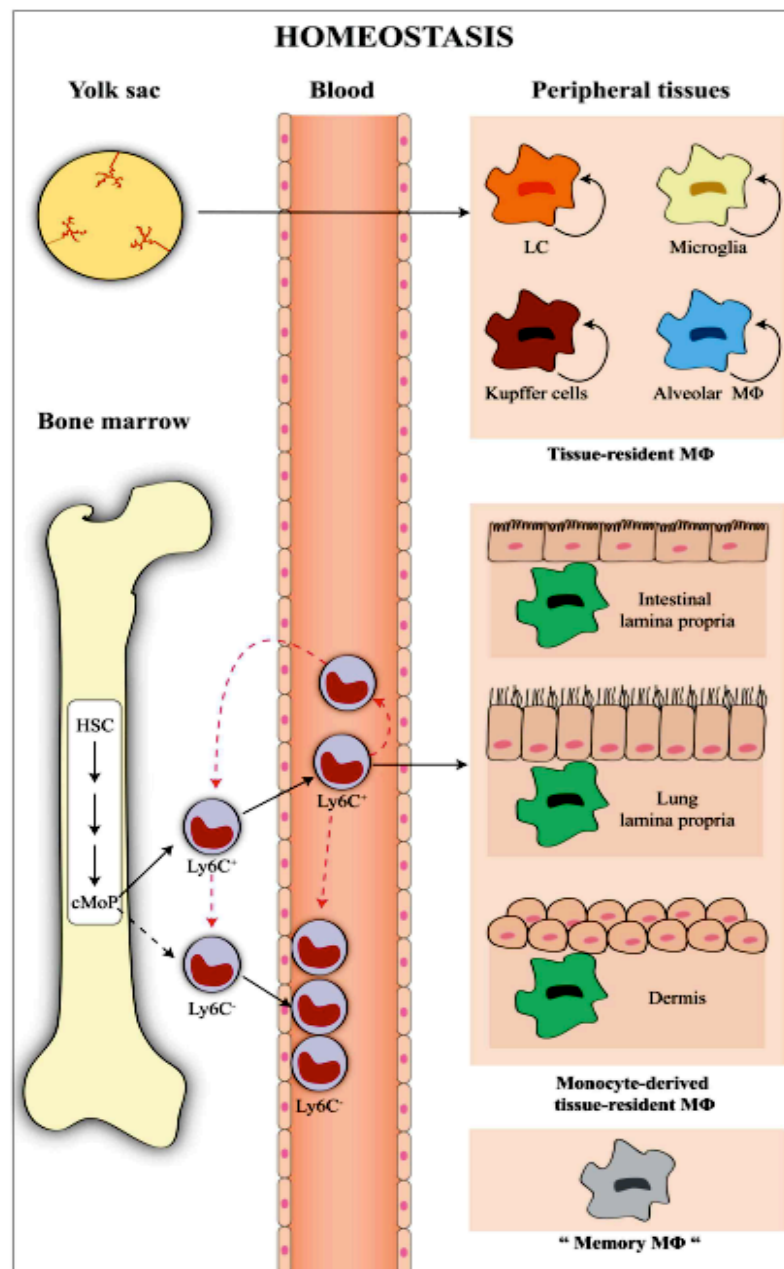


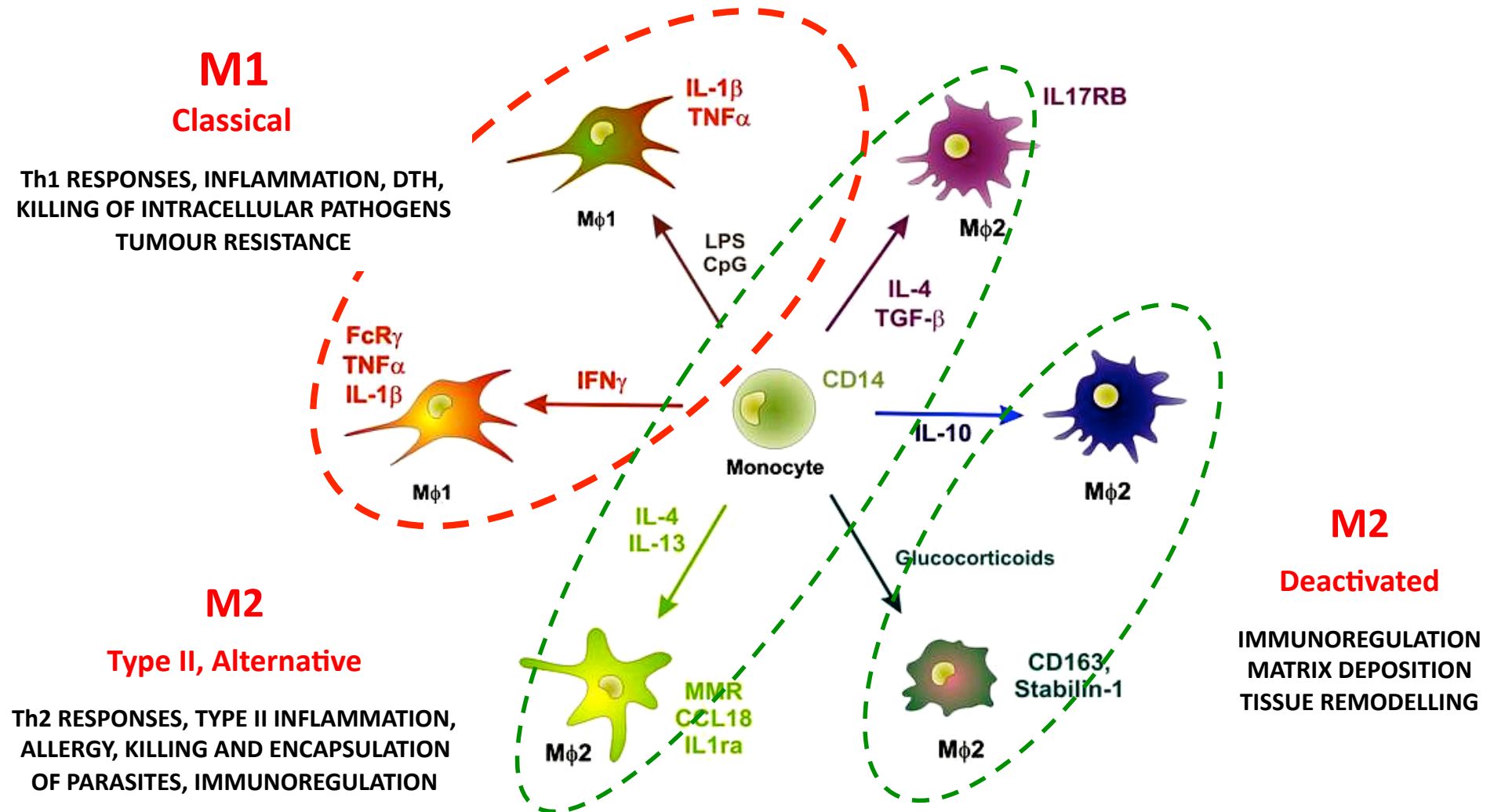
Photo: Volker Brinkmann, MPIIB Berlin

Photo: Dennis Kunkel Microscopy, Inc.

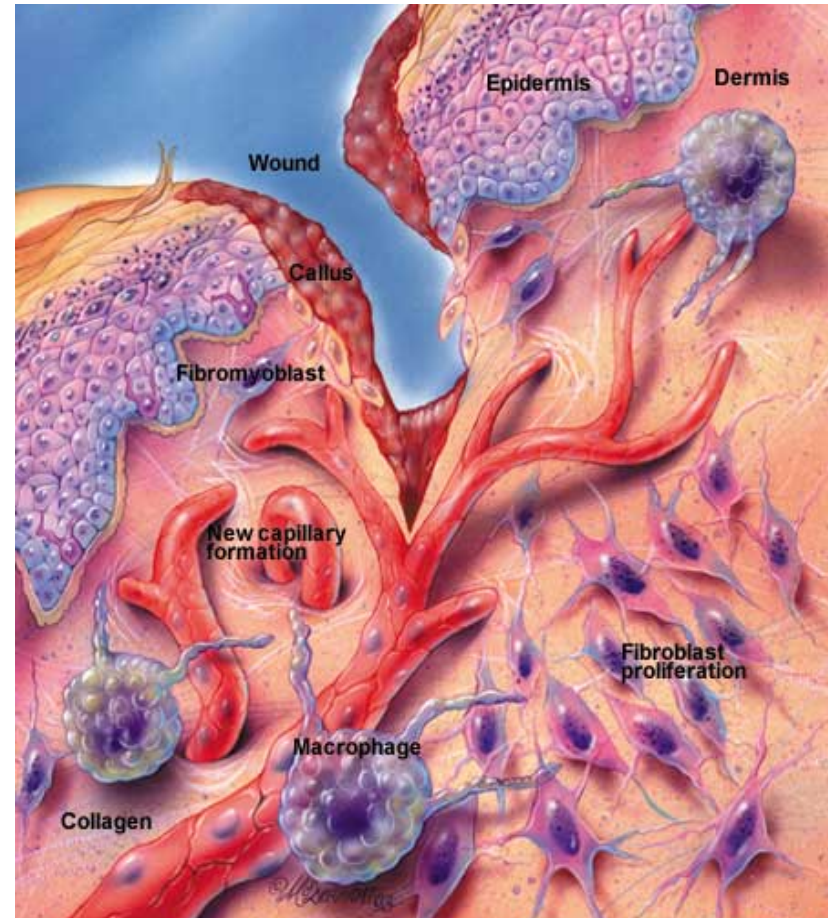
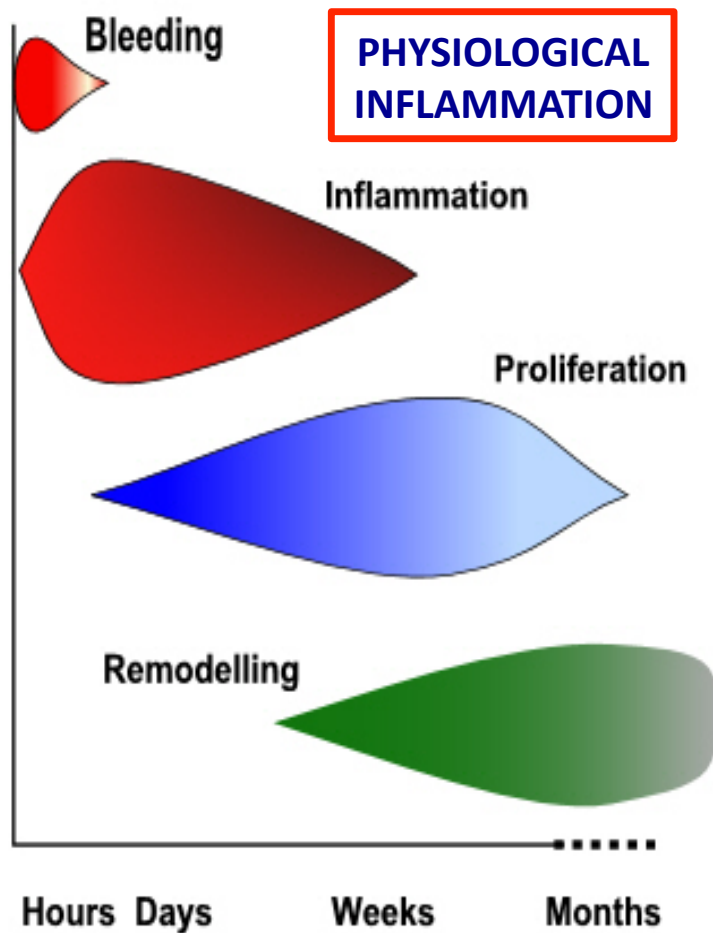
Monocytes and macrophages



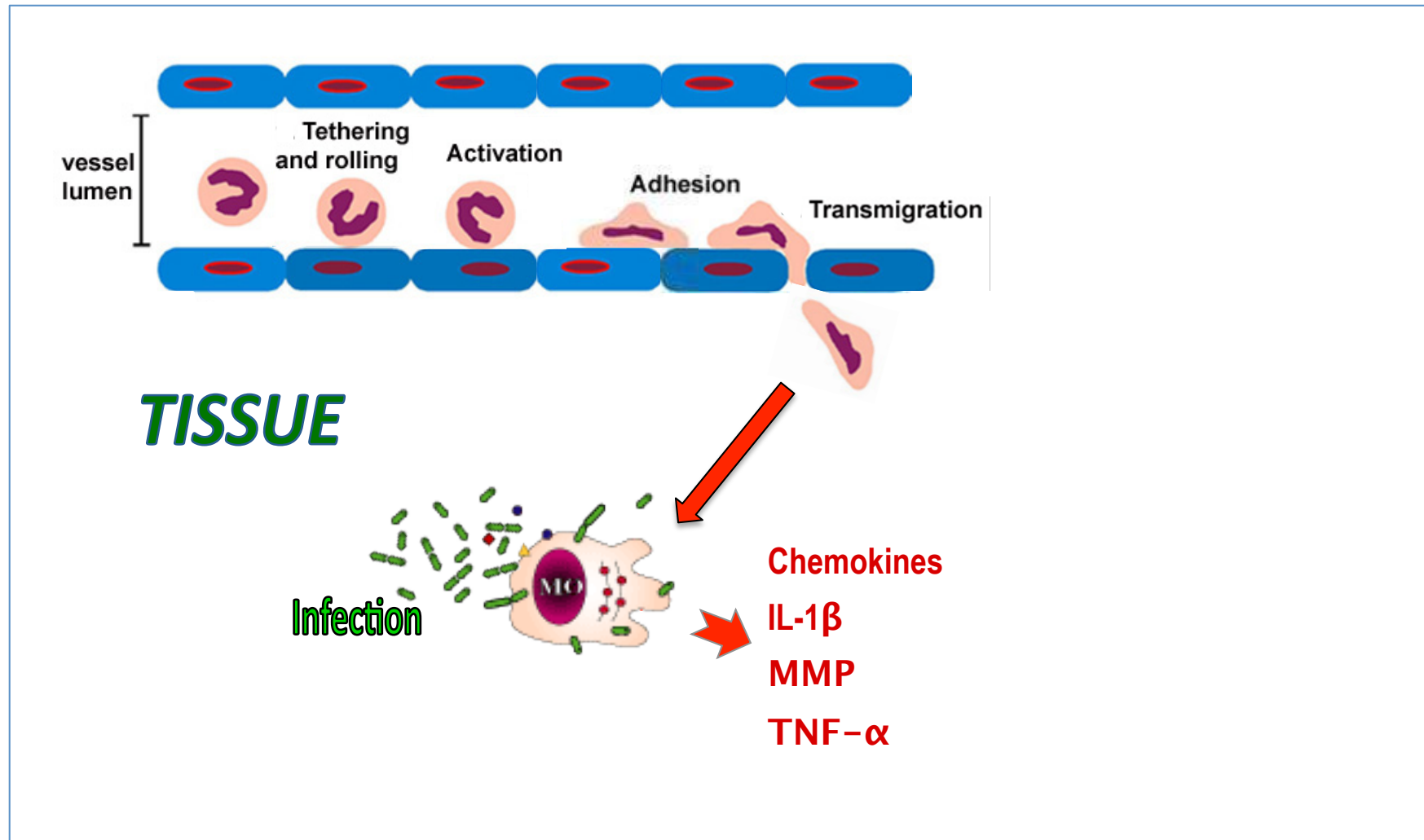
Heterogeneity of macrophage activation



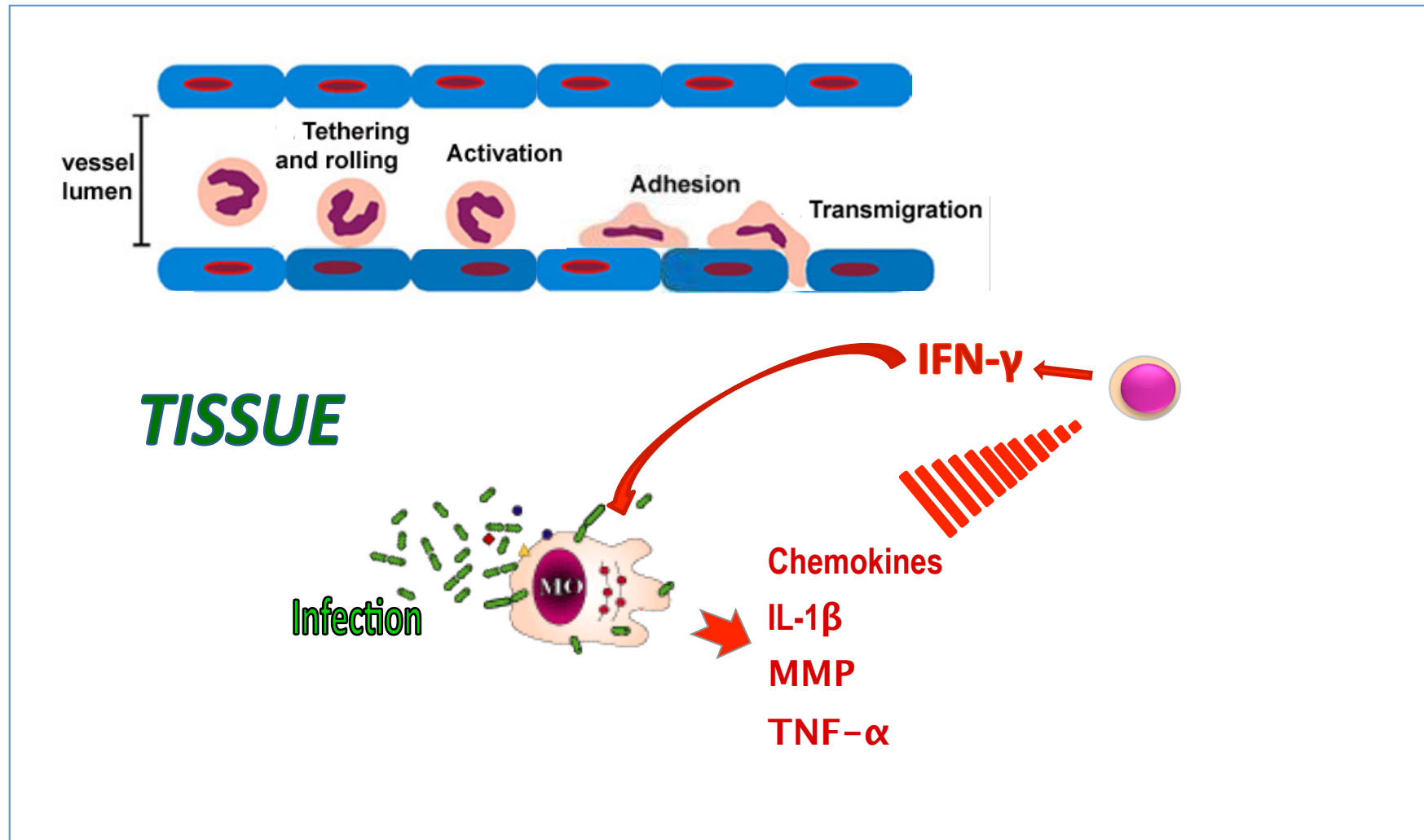
Macrophages and inflammation



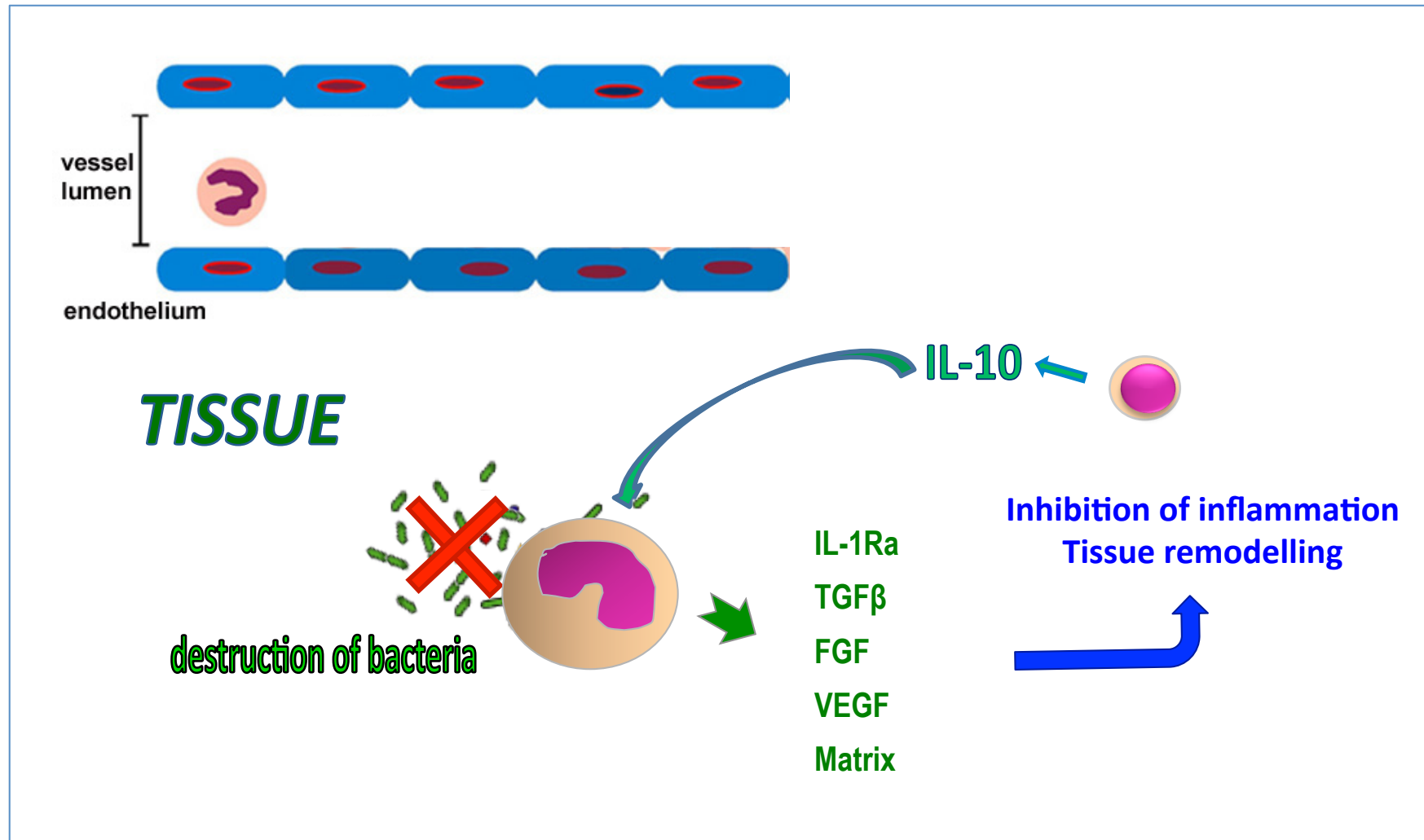
Monocytes/macrophages initiate the inflammatory process



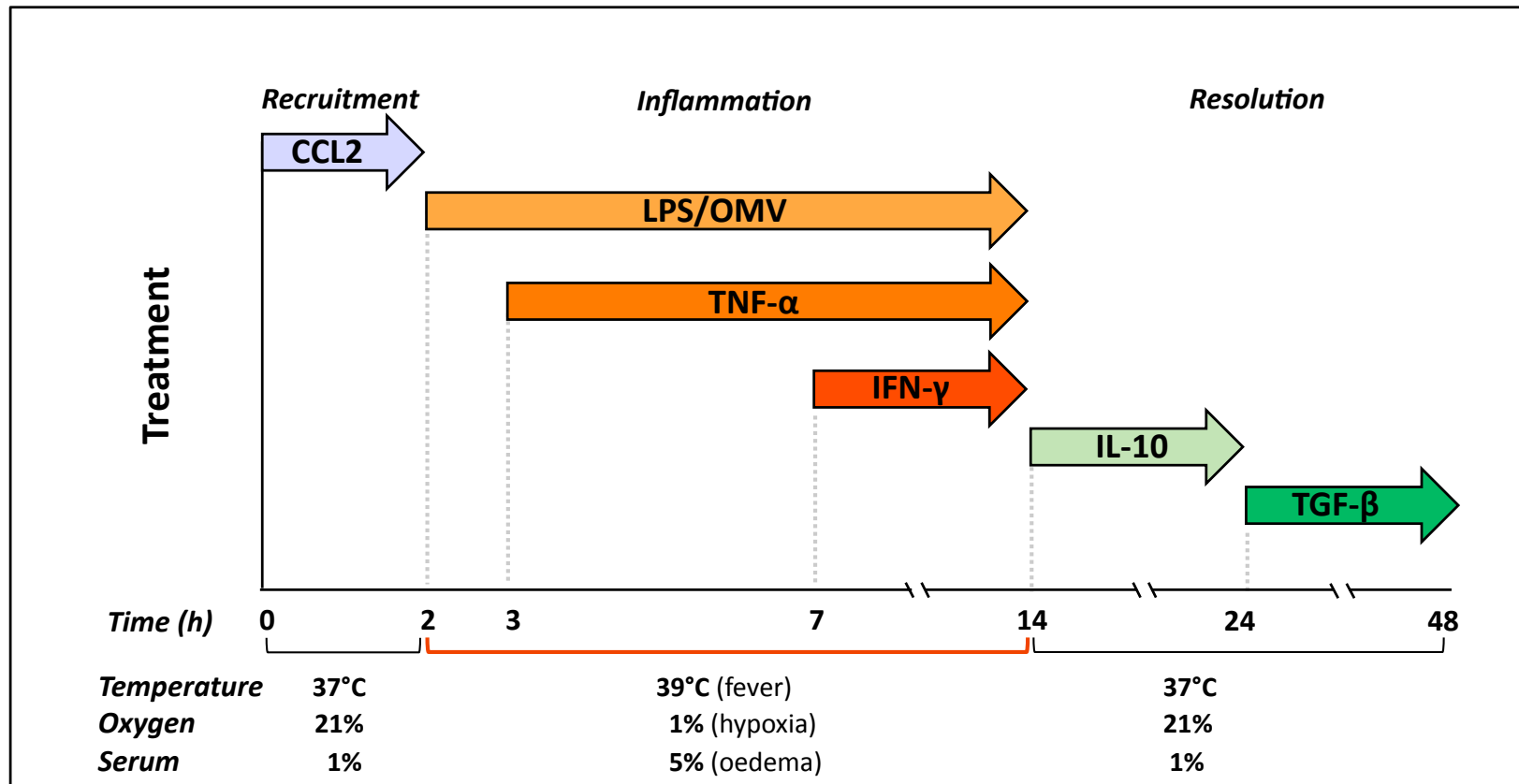
Monocytes/macrophages initiate the inflammatory process



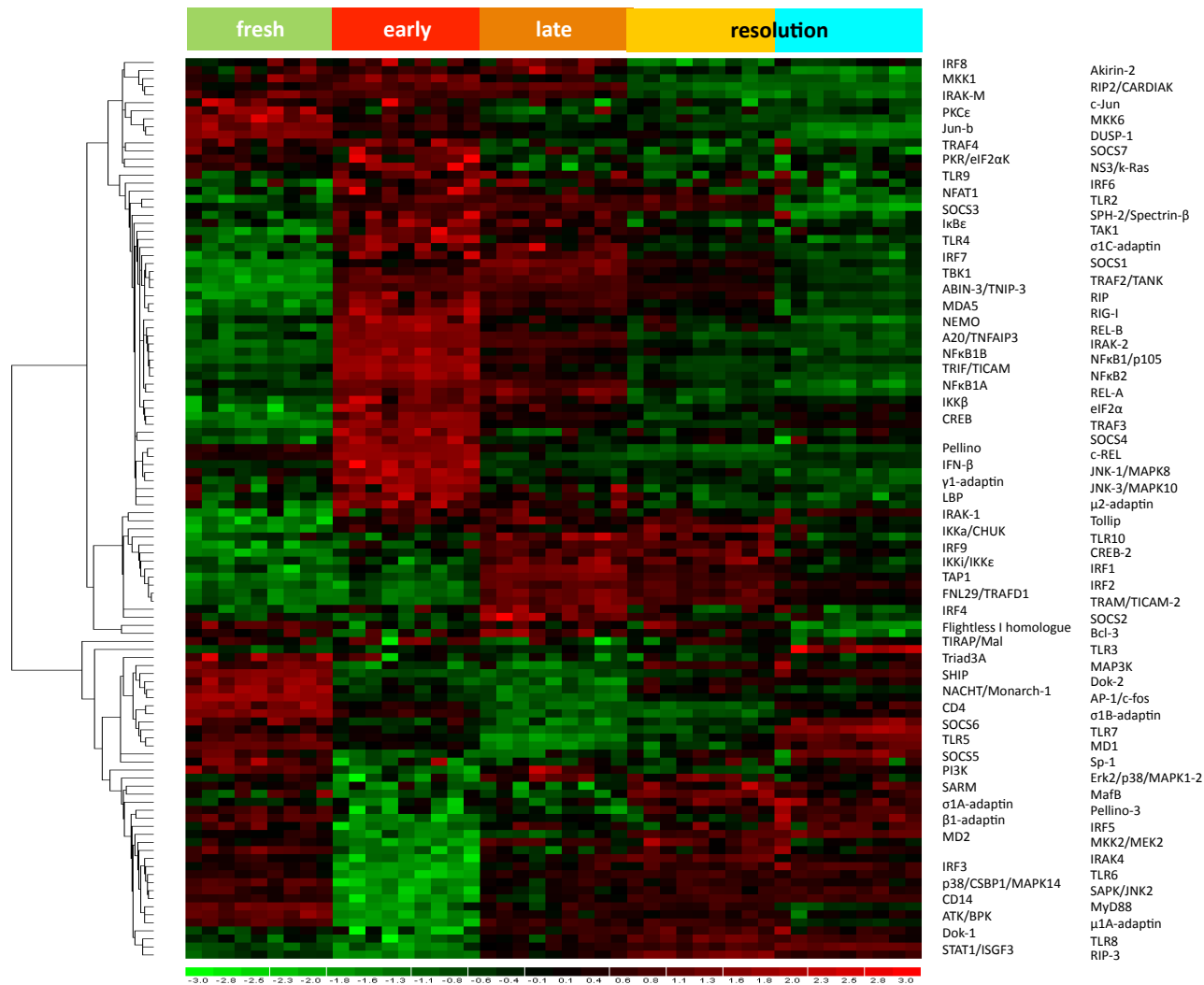
Macrophages contribute to resolving inflammation



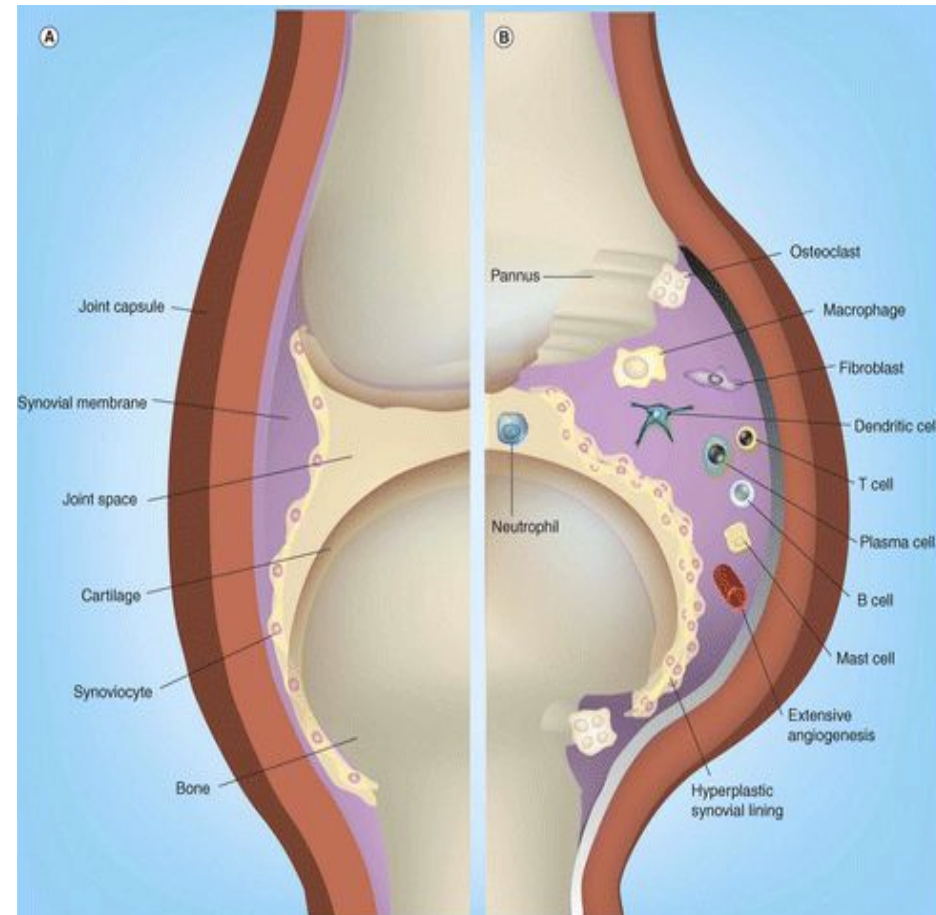
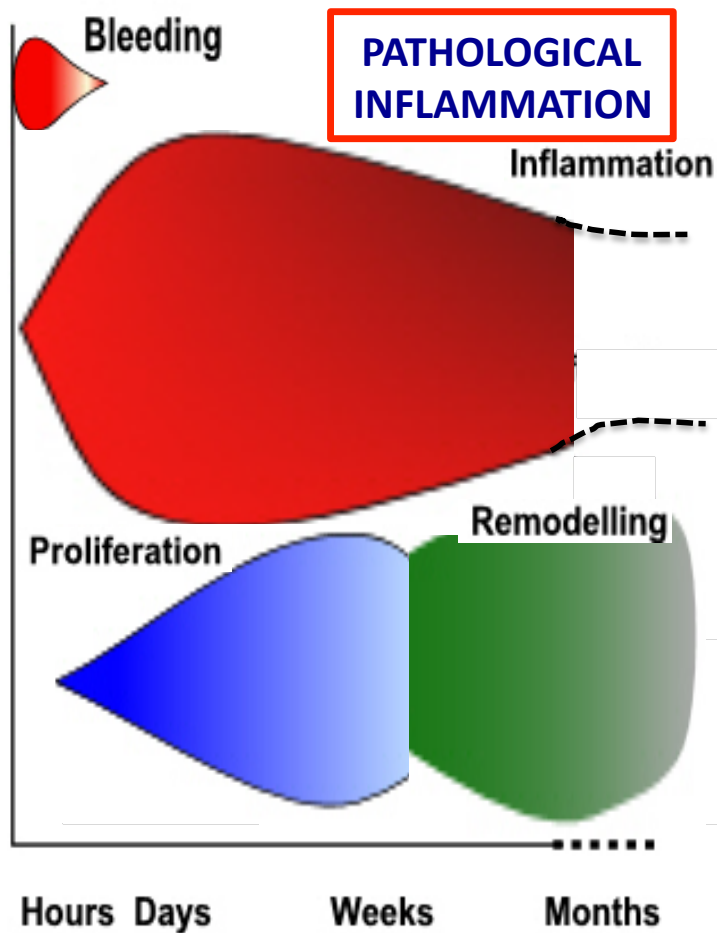
Kinetical monocyte-based model of human inflammation



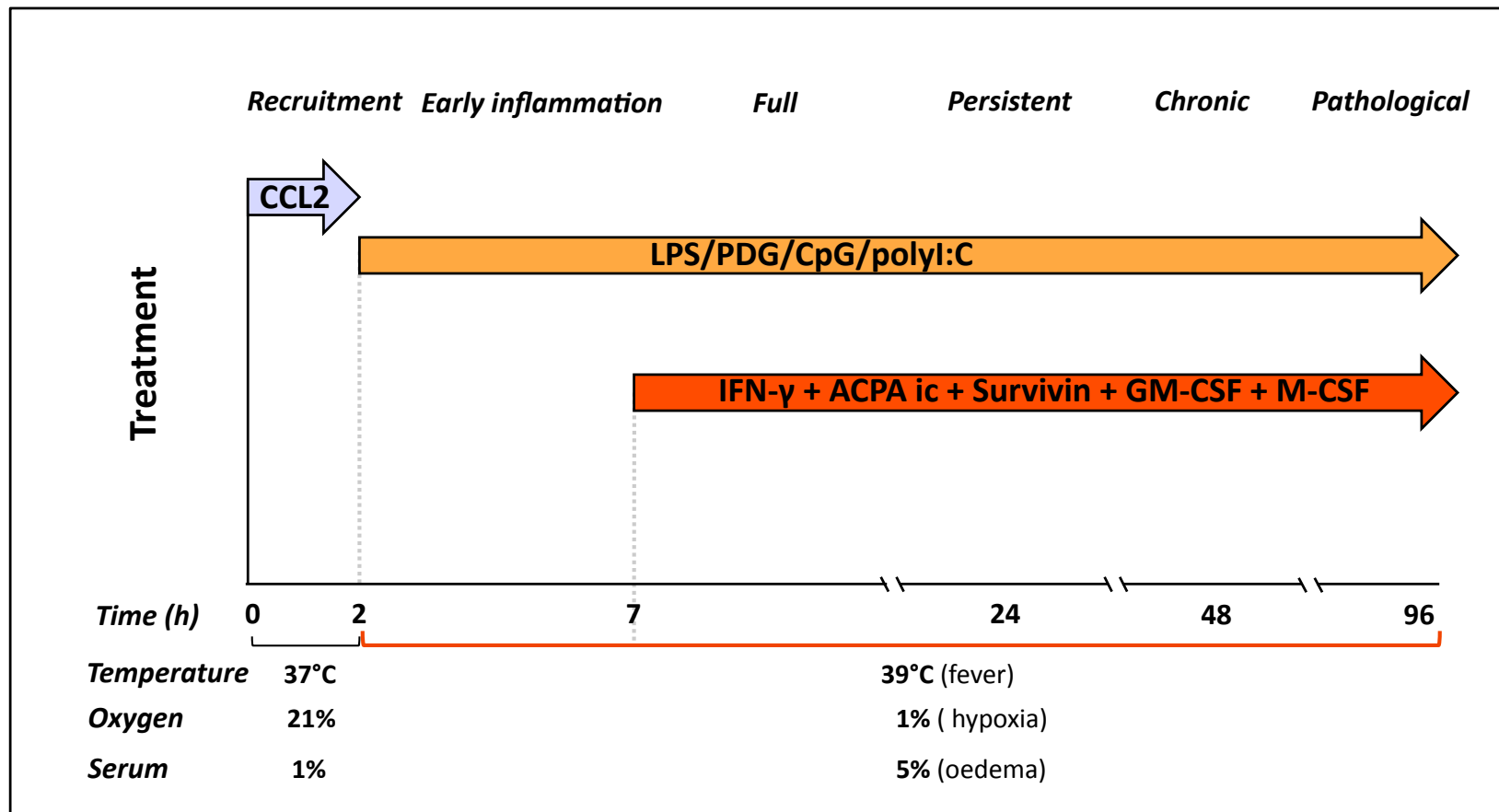
TLR and innate signalling genes



Macrophages and inflammation

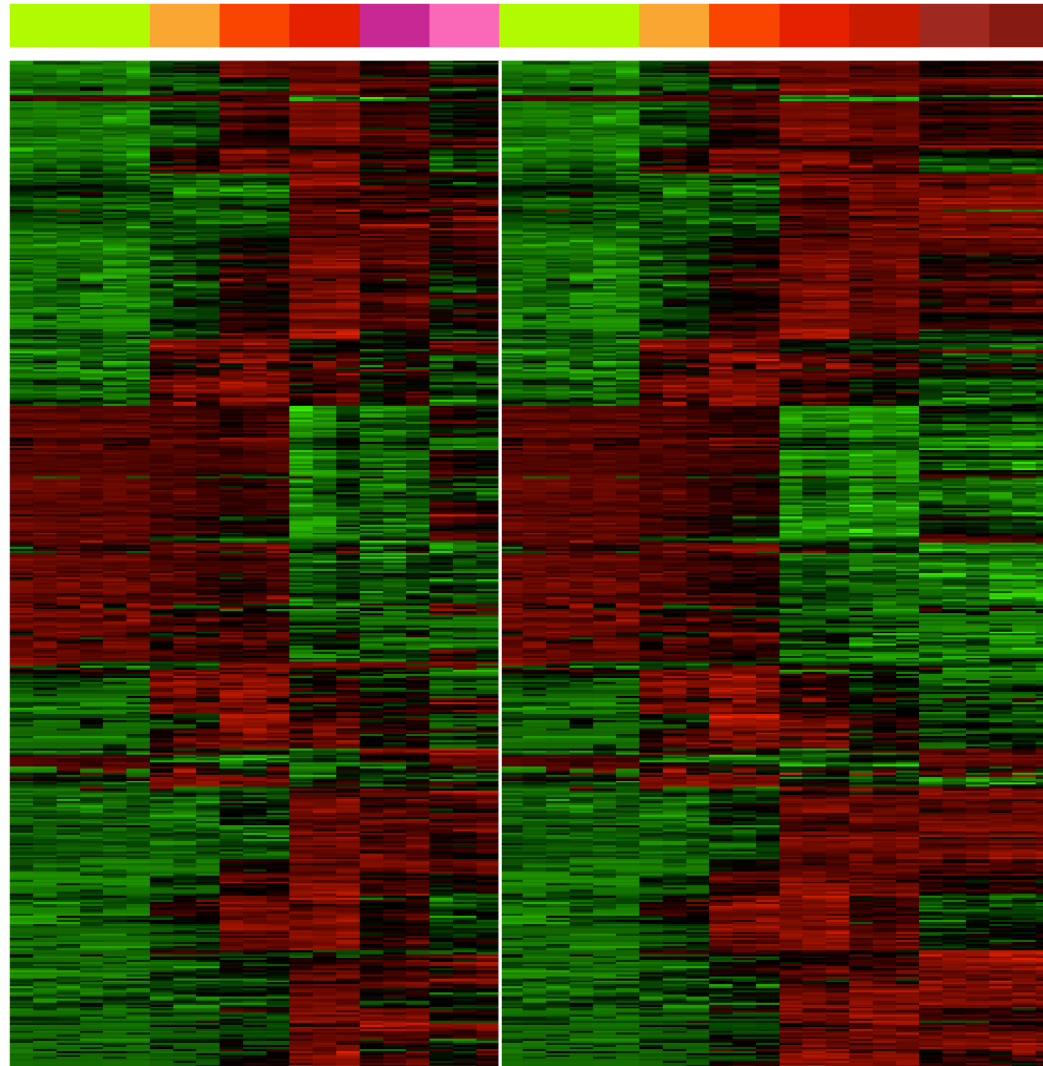


Kinetic monocyte-based model of human pathological inflammation



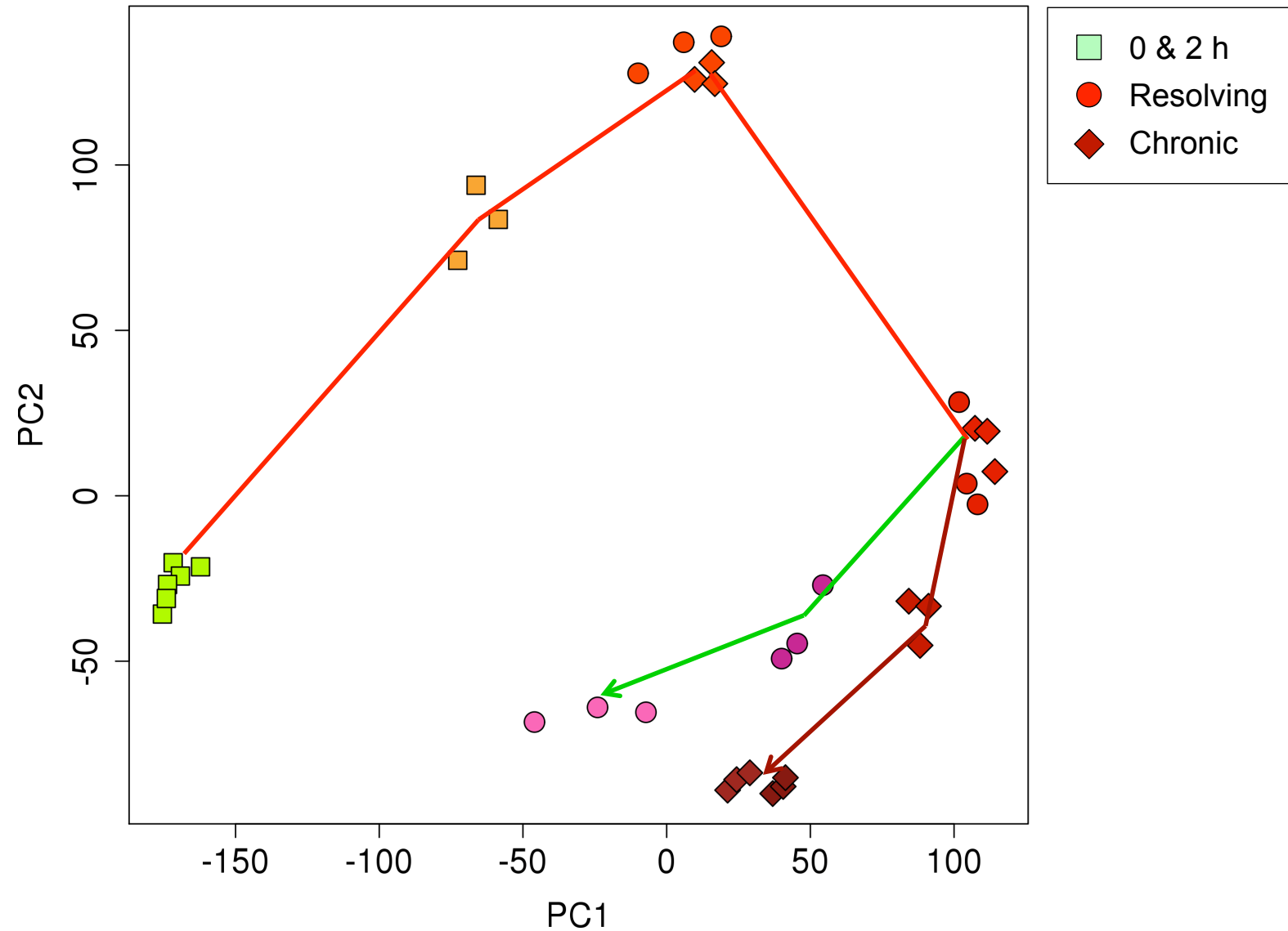
Gene expression patterns in resolving vs. chronic inflammation

resolving

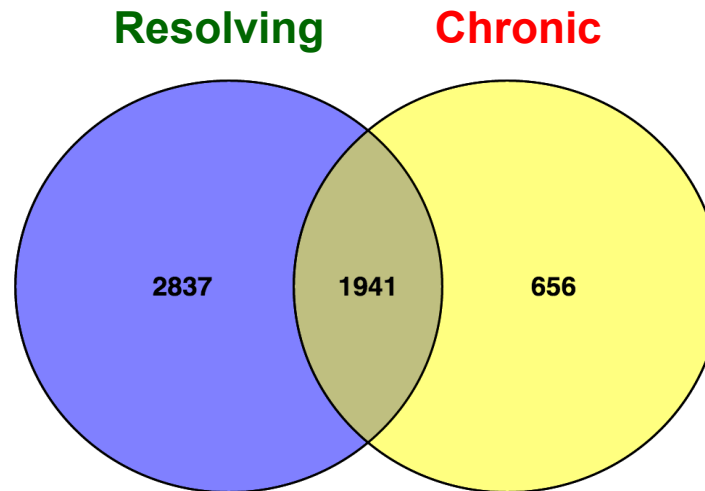


chronic

Principal component analysis

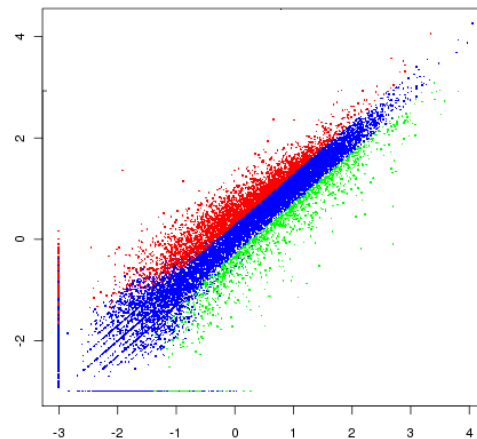


Differentially expressed genes

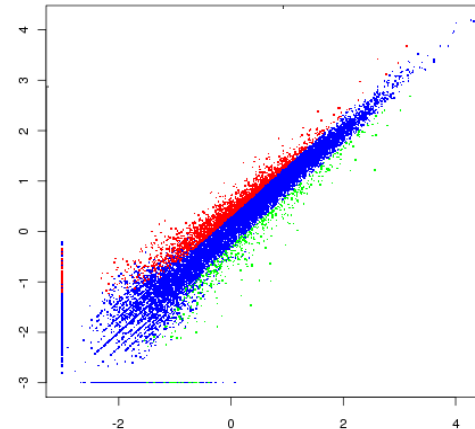


DEGs between 14 and 24 h

**Resolving:
4778 DEGs**

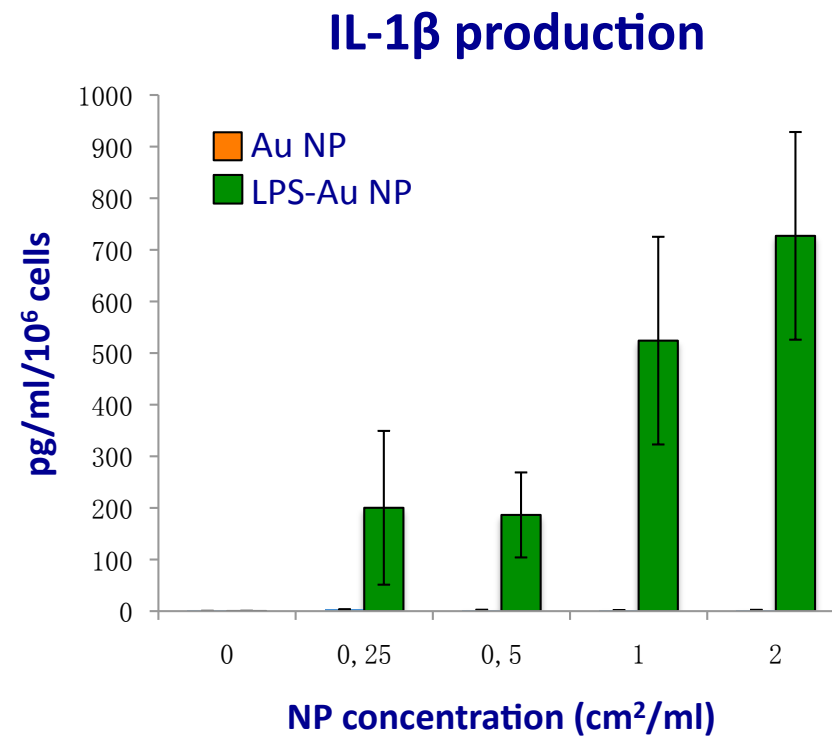


**Chronic:
2597 DEGs**

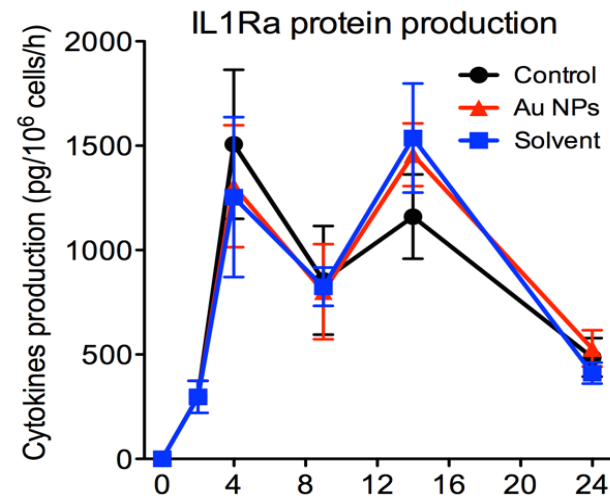
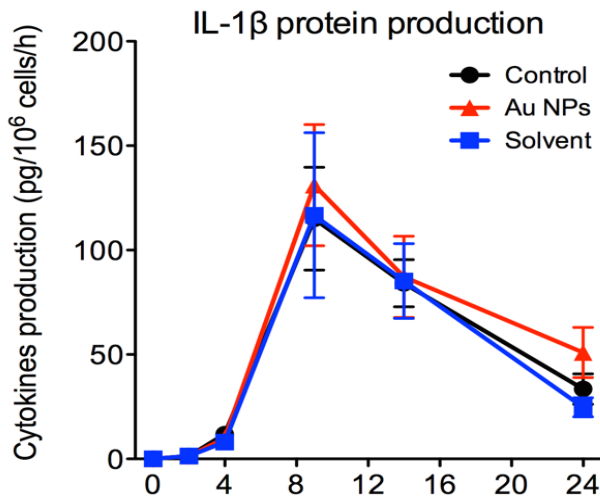
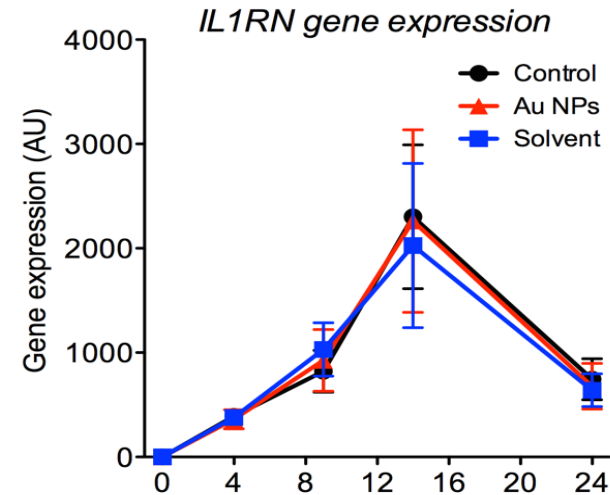
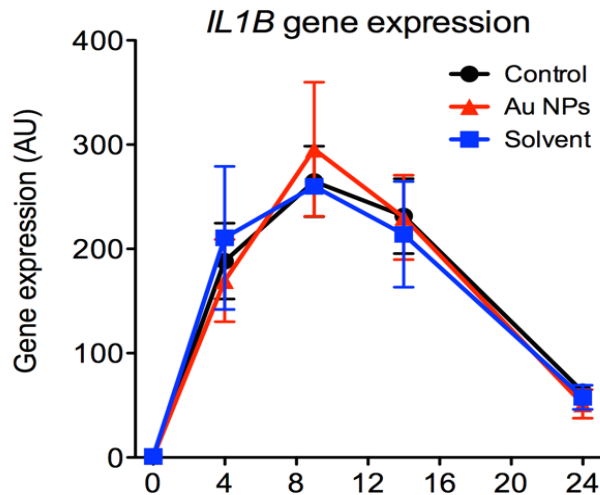


Do NPs induce inflammation?

The problem of endotoxin contamination



AuNP do not interfere with the course of a physiological inflammatory response



Take home message

- For a good assessment of nano-effects on immune responses, you need **good models**
- **Human monocytes/macrophages** are a relevant model for assessing immunomodulatory and immunotoxic effects
- **Kinetic analysis** is important for discriminating between a physiological defence reaction and pre-pathological effects

There is at bottom only one genuinely
scientific treatment for all diseases, and
that is to **stimulate the phagocytes**

The Doctor's Dilemma, Act 1,
George Bernard Shaw (1906)

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